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City of Long Beach



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Parks and Recreation Department

FOOTBALL CLINIC

PRE-KINDERGARTEN, KINDERGARTEN, 1ST & 2ND GRADE



LOCATION: Long Beach Recreation Center Fields

TIME: Start Date: Monday, September 21st @ 5:00 pm
Clinic Time – 5:00 pm to 6:00 pm

DATES: September 21
October 5, 12, 19 & 26
November 2, 9 & 16

REGISTER: Long Beach Recreation Center ~ 700 Magnolia Blvd.
431-3890

FEE: \$75 – Long Beach Residents
\$80 – Long Beach School District Residents
\$90 – Non-Residents
*Checks or money orders made payable to the City of Long Beach
Cash, Visa, and MasterCard also accepted*

**COVID-19 protocols
will be followed by
staff, spectators &
players!**

**All ability levels
welcome!**

Name _____ Grade _____ DOB _____

Address _____ Phone _____

Parent Name _____ E-Mail _____

Emergency Name _____ Emergency Phone _____

School Attending _____

I, the parent or guardian of the below named child, give permission and approval for his/her participation in the Long Beach Parks and Recreation Department's Football Program. I fully understand that my child must abide by all the Rules and Regulations set forth by the Parks and Recreation Department and further agree to explain to my child the Codes of Conduct set forth by the Long Beach Parks and Recreation Department. I also agree to follow those rules that apply to me as a parent and spectator. The Codes of Conduct can be found on the web at www.longbeachny.gov/rec. I hereby authorize and give full consent to the City of Long Beach to use and or publish photographs or video in which my child may appear while participating in Parks and Recreation programs and grant permission for publication or use of those images.

I understand that payment is non-transferable and non-refundable. Parent Signature _____

For Rec Staff Use:

Receipt # _____ Amount Paid \$ _____ Proof of Age _____ Date _____ Staff _____

CITY OF LONG BEACH
Parks and Recreation Department
Waiver and Release of Liability

READ BEFORE SIGNING

In consideration of being allowed to participate in the City of Long Beach Football Clinic, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) from the activities involved in this program are significant, potentially life-threatening, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I acknowledge that I am aware that there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from:
 - An outbreak of any and all communicable disease, including but not limited to, the virus “severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)”, which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof;
5. In consideration of having the opportunity to participate in the City of Long Beach Football Clinic , and in acknowledging that I am aware of and willing to assume the risks associated with this activity, I hereby voluntarily agree to waive, hold harmless and indemnify The City of Long Beach Department of Parks & Recreation, and its trustees, agents, volunteers and employees from any and all claims, demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my participation in the above activities. I indicate my agreement to this hold harmless elective noted below.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant Name: _____

Participant Signature: _____

DATE SIGNED: _____

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of the activity and his/her responsibilities for adhering to the rules and regulations. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's/ward's involvement or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Parent/Guardian Name: _____

Parent/Guardian Signature _____

DATE SIGNED: _____ Emergency Phone Number: (____)_____